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** CONTINUING DATA *****

This application is a 371 of PCT/NZ05/00062 03/30/2005 Yes L.L.

** FOREIGN APPLICATIONS *****

NEW ZEALAND 532108 04/02/2004 Yes L.L.

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	NEW ZEALAND	19	18	1

ADDRESS

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TITLE

Breathing Assistance Apparatus

FILING FEE RECEIVED 1238	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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